

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Gladys Huber

Street Address

707 W Pioneer Rd

City, State and Zip Code

Maquon, WI 53097

RECEIVED
11 JUL -6 AM 10:04
GOVERNMENT
ACCOUNTABILITY BOARD
OFFICE USE ONLY

GAB ID Number: 0105113

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

REPORT PERIOD

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special ☐ Termination Report
☒ July Continuing ☐ Pre-Election also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 750	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 750	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 750	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 750	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 750
Subtotal	\$ 750
Total Disbursements	\$ 750
CASH BALANCE END OF REPORT	\$ 0
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Gladys Huber

Signature of Candidate or Treasurer

Date:

Daytime Phone:

NOTE: The information on this form is required by ss.11.60, 11.61, Wis. Stats.
GAB-2S (Rev. 12/09)

Form
608-2



0105113-69

the information may subject you to the penalties of
P.O. Box 7984, Madison, WI 53707-7984

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Page 1 of 1

Complete Committee Name
Friends of Gladys Huber

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
6/6/11	Republican Party of WI 148 E Johnson Madison, WI 53701 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	0300173	750	750
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$ 750	750
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$ 750	750

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Page 1 of 1

Complete Committee Name

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
6/6/11	Republican Party of WI 148 E Washington Johnson Madison, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind Offset	printing, postage copies	750
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 750
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 750